

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

		SERIAL NO.		FILING DATE	
		091293, 464			
		APPLICANT(S)			
CLAIMS					
		IND.	DEP.	IND.	DEP.
		IND.	DEP.	IND.	DEP.
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50					
TOTAL IND.	6				
TOTAL DEP.	10				
TOTAL CLAIMS	22				

BEST AVAILABLE COPY